



KIDS & KOPS SUMMER YOUTH PROGRAM

Registration Form

Program Date: June 22 - June 26, 2026

Time: 9:00 A.M. - 4:00 P.M.

Location: Kainai Multipurpose Building, Standoff, AB

IMPORTANT INFORMATION

- A separate **WAIVER FORM** will be provided and **MUST BE COMPLETED PRIOR** to participation.
- Due to limited space, THE FIRST 15 **COMPLETED** REGISTRATION FORMS will be accepted.
- Breakfast and Lunch will be provided daily.
- Participants must wear comfortable clothing and closed-toe shoes as there will be drills each day.
- T-shirts will be provided at the start of the program.

Deadline for completed forms is June 19, 2026.

Please forward all questions and/or inquiries to:

Blood Tribe Police Service Crime Prevention Unit

Direct Line: (403) 737-8836

Admin Line: (403) 737-8800

E-mail: crimeprevention@bloodtribepolice.com

CHILD INFORMATION

Name: _____ Preferred Name (if applicable): _____

DOB (YYYY/MM/DD): _____ Age: _____

Gender (optional) _____ Community: _____

Physical address: _____
Street City Province Postal Code

Alberta Health Care: _____ Treaty Number: _____

School & Grade: _____ **T-shirt Size:** _____

Parental/Guardian consent for release of photo and media

Yes or No

PARENT/GUARDIAN INFORMATION

Name: _____ Home Phone: _____

Email: _____ Alternate Phone: _____

Address: _____
Street City Province Postal Code

Emergency Contact (if different) _____ Relationship to child _____

Emergency Contact Number: _____

Address: _____
Street City Province Postal Code

MEDICAL & BEHAVIOUR INFORMATION

Does your child have any medical conditions we should be made aware of? (e.g. *Asthma, Diabetes, Epilepsy, ADD/ADHD, Kidney Problems, etc.*)

Will your child be bringing medication to Kids & Kops?

Yes or **No**

If **YES**, please indicate the name of the medication and instructions.

Does your child have any allergies?

Yes or **No**

If **YES**, please indicate the allergy, symptoms, treatment and if the allergy is life threatening:

Does your child have any dietary restrictions or food preferences?

Yes or **No**

If **YES**, please explain:

Is your child wearing a medic alert bracelet?

Yes or **No**

Does your child carry an ANA kit or EPI pen?

Yes or **No**

If **YES**, can they administer it?

Yes or **No**

Please share how your child typically interacts with others in **group settings**. This may include any challenges or behaviours we should be aware of. *(e.g. bullying, difficulty following rules, fighting, easily frustrated, shy/timid, needs reminders to stay on task, prefers to work alone, etc.)*

Parent/Guardian's signature

Date: